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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/539,768	06/20/2005	Hee Sook Shin	HI-0185	6478
34610 KED & ASSOC	7590 04/10/200 CIATES, LLP	EXAMINER		
P.O. Box 22120	00	NOORISTANY, SULAIMAN		
Chantilly, VA 2	30155-1200		ART UNIT	PAPER NUMBER
			2146	
			MAIL DATE	DELIVERY MODE
			04/10/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/539,768	539,768 SHIN ET AL.	
interview Summary	Examiner	Art Unit	
	SULAIMAN NOORISTANY	2146	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>SULAIMAN NOORISTANY</u> .	(3) <u>Carol Lynn Druzbick</u> .		
(2) <u>Ashok Patel (art unit 2154)</u> .	(4)		
Date of Interview: <u>08 April 2008</u> .			
Type: a)☐ Telephonic b)☐ Video Conference c)☒ Personal [copy given to: 1)☐ applicant	2)⊠ applicant's representative	∍]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)□ No.		
Claim(s) discussed: <u>1,3,9,10 and 12</u> .			
Identification of prior art discussed: <u>US 7120702 & US 697</u>	<u>70602</u> .		
Agreement with respect to the claims f) was reached. ⟨	g)⊠ was not reached. h)⊡ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant point out the feature additional references releted to art by examiner</u> .			
(A fuller description, if necessary, and a copy of the amendallowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached	copy of the amendments that v		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE OF THE SUBSTANCE OF THE INTERQUIREMENTS ON REVERSE SIDE OF ON Attached Sheet.	e last Office action has already OF ONE MONTH OR THIRT ERVIEW SUMMARY FORM,	v been filed, APP Y DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/Sulaiman Nooristany, Exami	ner/	
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)